PTO/SB/80 (01-06)
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | | | |
|---|---|--------------------------|----------------------------|---------------------------------------|---------------|--|--|--|--|
| | y appoint: | | | | | | | | |
| X Pr | actitioners associated with the Customer Number | er: 4765 | 54 | | | | | | |
| OR | | | | | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | | | |
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| L | | | | | | | | | |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | | | | |
| Please ch | ange the correspondence address for the applic | cation identified in the | attached statement und | der 37 CFR 3.73(b) to: | | | | | |
| X OR | The address associated with Customer Number | 47654 | | | | | | | |
| Fir | m or fividual Name | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Address | | | | | | | | | |
| City | | State | | Zip | | | | | |
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| Telephor | ne | | Email | | | | | | |
| Assignee I | Name and Address: | | | | | | | | |
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| | | | CA 95134 | e , | | | | | |
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| A copy of | f this form, together with a statement ur | nder 37 CFR 3.73(b |) (Form PTO/SB/96 | or equivalent) is re | equired to be | | | | |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. | | | | | | | | | |
| SIGNATURE of Assignee of Record | | | | | | | | | |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | | | |
| Signature | " 11 | | D | Date February 1 | 4,2006 | | | | |
| Name | Mallun Yen | | T | Telephone 408.52 | | | | | |
| Title | Assistant Secretary, (| Cisco Techn | | | | | | | |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 09/479,511 |
|------------------------|-------------------------|
| Filing Date | January 7, 2000 |
| First Named Inventor | Qingming Ma |
| Art Unit | 2143 |
| Examiner Name | Jaroenchonwanit, Bunjob |
| Attorney Docket Number | 1004-096 |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
|--|---|----------|----------------|-------|----------|----------|-----|--|
| A Power of Attorney is submitted herewith. | | | | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: | | | | | | | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 47654 OR | | | | | | | | |
| Firm or Individua | al Name | | | | | | | |
| Address | | | | | | | | |
| City | | | | State | te | | Zip | |
| Country | | | | | | | | |
| Telephone | | | | | Email | | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| | | SIGNATUR | E of Applicant | or As | signee o | f Record | | |
| Signature / | /David E. Hua | ing/ | | | | | | |
| Name _[| David E. Huai | ng, Esq. | | | | | | |
| Date | October 18, 2007 Telephone (508) 616-2900 | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | |
| *Total of 3forms are submitted. | | | | | | | | |

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